

CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES

1. CIR/DIST/DIV. CODE GUX	2. PERSON REPRESENTED HONG, DONG PYO		VOUCHER NUMBER																																																																													
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:06-000058-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER																																																																												
7. IN CASE/MATTER OF (Case Name) U.S. v. HONG		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																												
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1028.A.F -- FRAUD WITH IDENTIFICATION DOCUMENTS																																																																																
12. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: Authorization to obtain the service. Estimated Compensation: \$ _____ OR Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$500)																																																																																
Signature of Attorney		Date																																																																														
<input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address.																																																																																
Telephone Number: _____																																																																																
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)		14. TYPE OF SERVICE PROVIDER																																																																														
		<table> <tbody> <tr><td>01</td><td>Investigator</td><td>20</td><td>Legal Analyst/Consultant</td></tr> <tr><td>02</td><td>X Interpreter/Translator</td><td>21</td><td>Jury Consultant</td></tr> <tr><td>03</td><td>Psychologist</td><td>22</td><td>Mitigation Specialist</td></tr> <tr><td>04</td><td>Psychiatrist</td><td>23</td><td>Duplication Services (See Instructions)</td></tr> <tr><td>05</td><td>Polygraph Examiner</td><td>24</td><td>Other (specify) _____</td></tr> <tr><td>06</td><td>Documents Examiner</td><td></td><td></td></tr> <tr><td>07</td><td>Fingerprint Analyst</td><td></td><td></td></tr> <tr><td>08</td><td>Accountant</td><td></td><td></td></tr> <tr><td>09</td><td>CALR (Westlaw/Lexis,etc)</td><td></td><td></td></tr> <tr><td>10</td><td>Chemist/Toxicologist</td><td></td><td></td></tr> <tr><td>11</td><td>Ballistics Expert</td><td></td><td></td></tr> <tr><td>12</td><td>Weapons/Handguns/Explosive Expert</td><td></td><td></td></tr> <tr><td>13</td><td>Pathologist/Medical Examiner</td><td></td><td></td></tr> <tr><td>14</td><td>Other Medical Expert</td><td></td><td></td></tr> <tr><td>15</td><td>Voice/Audio Analyst</td><td></td><td></td></tr> <tr><td>16</td><td>Hair/Fiber Expert</td><td></td><td></td></tr> <tr><td>17</td><td>Computer (Hardware/Software/Systems)</td><td></td><td></td></tr> <tr><td>18</td><td>Paralegal Services</td><td></td><td></td></tr> <tr><td>19</td><td></td><td></td><td></td></tr> </tbody> </table>			01	Investigator	20	Legal Analyst/Consultant	02	X Interpreter/Translator	21	Jury Consultant	03	Psychologist	22	Mitigation Specialist	04	Psychiatrist	23	Duplication Services (See Instructions)	05	Polygraph Examiner	24	Other (specify) _____	06	Documents Examiner			07	Fingerprint Analyst			08	Accountant			09	CALR (Westlaw/Lexis,etc)			10	Chemist/Toxicologist			11	Ballistics Expert			12	Weapons/Handguns/Explosive Expert			13	Pathologist/Medical Examiner			14	Other Medical Expert			15	Voice/Audio Analyst			16	Hair/Fiber Expert			17	Computer (Hardware/Software/Systems)			18	Paralegal Services			19			
01	Investigator	20	Legal Analyst/Consultant																																																																													
02	X Interpreter/Translator	21	Jury Consultant																																																																													
03	Psychologist	22	Mitigation Specialist																																																																													
04	Psychiatrist	23	Duplication Services (See Instructions)																																																																													
05	Polygraph Examiner	24	Other (specify) _____																																																																													
06	Documents Examiner																																																																															
07	Fingerprint Analyst																																																																															
08	Accountant																																																																															
09	CALR (Westlaw/Lexis,etc)																																																																															
10	Chemist/Toxicologist																																																																															
11	Ballistics Expert																																																																															
12	Weapons/Handguns/Explosive Expert																																																																															
13	Pathologist/Medical Examiner																																																																															
14	Other Medical Expert																																																																															
15	Voice/Audio Analyst																																																																															
16	Hair/Fiber Expert																																																																															
17	Computer (Hardware/Software/Systems)																																																																															
18	Paralegal Services																																																																															
19																																																																																
15. Court Order Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted.																																																																																
Signature of Presiding Judicial Officer or By Order of the Court																																																																																
Date of Order	Nunc Pro Tunc Date																																																																															
Repayment or partial repayment ordered from the person represented for this service at time of authorization.																																																																																
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																																																																
16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)		AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW																																																																												
a. Compensation																																																																																
b. Travel Expenses (lodging, parking, meals, mileage, etc.)																																																																																
c. Other Expenses																																																																																
17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS																																																																																
TIN: _____ Telephone Number: _____																																																																																
CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final <input type="checkbox"/> Interim Payment Number _____ Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.																																																																																
Signature of Claimant/Payee:		Date:																																																																														
18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case.																																																																																
Signature of Attorney:		Date:																																																																														
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOT. AMT APPROVED/CERTIFIED																																																																												
23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500.																																																																																
Signature of Presiding Judicial Officer		Date	Judge/Mag. Judge Code																																																																													
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED																																																																												
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)																																																																																
Signature of Chief Judge, Court of Appeals (or Delegate)		Date	Judge Code																																																																													